



JUL 01 2005

ATTORNEY'S DOCKET NUMBER: 2006234-0003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eckman *et al.* Examiner: Susan D. Coe
Serial No.: 10/681,609 Group Art Unit: 1654
Filed: October 8, 2003
For: METHODS OF REDUCING β -AMYLOID POLYPEPTIDES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

**REVOCATION OF PREVIOUS POWERS OF ATTORNEY AND
APPOINTMENT OF ATTORNEY UNDER 37 C.F.R. 3.71**

The undersigned hereby revokes all previous powers appointed in this case and appoints:

The attorneys/agents associated with **Customer No. 24280** as its attorneys and agents for prosecution of matters relating to the above-identified patent application and to conduct all business in the United States Patent and Trademark Office.

All correspondence should be sent to:

Patent Department
Attn: Andrea L.C. Robidoux
Choate, Hall & Stewart
Exchange Place, 53 State Street
Boston, Massachusetts 02109

Respectfully submitted,

Name: Rick F. Colvin

Title: Assistant Treasurer

On behalf of Mayo Foundation for Medical Education and Research

Dated:

6/20/05



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Sir:

ESTABLISHING RIGHT OF ASSIGNEE TO TAKE ACTION
(37 CFR § 3.73(b))

The assignee of the entire right, title, and interest of inventors to Mayo Foundation for Medical Education and Research, hereby seeks to take action in the Patent and Trademark Office in the above matter.

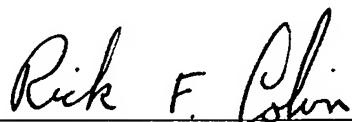
Ownership by the assignee is established as follows:

X documents already recorded in the PTO on August 21, 2001,
Reel 012095 Frame 0278; or

 documents separately submitted for recordal to the PTO (a copy of these
documents is attached).

STATEMENT

I, a person authorized to sign on behalf of the assignee, have reviewed the evidentiary documents referred to above and certify that, to the best of my knowledge and belief, title is mine/ours as assignees who seek to take further action.

A handwritten signature in black ink that reads "Rick F. Colvin".

Signature of Authorized Person

Rick F. Colvin

Name of Authorized Person

Assistant Treasurer

Title of Authorized Person

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